

Illinois Department of Labor  
Illinois OSHA



**Notice of Alleged Safety or Health Hazards**

**For the Illinois Public Sector:**

**This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the Illinois Department of Labor – Illinois OSHA.**

Section 70 of the Occupational Safety and Health Act [820 ILCS 219], provides as follows: An employee or representative of employees who believes that a violation of an occupational safety and health standard exists in a workplace covered by this Act or that an imminent danger exists in such a place may request an inspection by submitting a written complaint to the Director or his or her authorized representative setting forth with reasonable particularity the grounds for the complaint. The complaint shall be signed by the employee or representative. If the Director or the Director's authorized representative determines there are no reasonable grounds to believe that a violation or imminent danger exists, he or she shall notify the employee or representative of employees of that determination in writing. If, upon receipt of the complaint, the Director or his or her authorized representative determines there are reasonable grounds to believe that a violation or imminent danger exists, he or she shall make a special inspection of the workplace in accordance with this Act, as soon as practicable, to determine whether a violation or imminent danger exists. A copy of the complaint shall be provided to the public employer or its agent by the Director or his or her authorized representative at the time of the inspection, except that, upon the request of the person making the complaint, that person's name and the names of individual employees referred to in the complaint shall not appear in the copy or on any record published, released, or made available by the Director or his or her authorized representative. Nonformal safety and health complaints shall be handled by an authorized representative of the Director. Based on the severity and legitimacy of the complaint as determined by the Division, the Director's authorized representative shall either schedule an inspection of the workplace or issue a letter to the employer stating the allegations set forth in the complaint.

**Note:** Section 110 of the Occupational Safety and Health Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

**INSTRUCTIONS:**

Fill in the form as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description.

After you have completed and signed the form, mail it to you local IDOL office.

**Punishment for Unlawful Statements**

It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Occupational Safety and Health Act, Section 120(c). Violations can be charged with a Class 4 felony.

**SEND THE COMPLETED FORM TO EITHER OF THE ILLINOIS DEPARTMENT OF LABOR OFFICES:**

Illinois Department of Labor  
Illinois OSHA  
900 South Spring Street  
Springfield, IL 62704

Illinois Department of Labor  
Illinois OSHA  
160 N. LaSalle Street, C-1300  
Chicago, IL 60601

Illinois Department of Labor  
Illinois OSHA



**Notice of Alleged Safety or Health Hazards**

Establishment Name			
Site Address			
	Site Phone		Site FAX
Mailing Address			
Management Official			Telephone
Type of Business			
<b>HAZARD DESCRIPTION/LOCATION.</b> Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.			
Has this condition been brought to the attention of:	<input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency (specify)		
Please indicate Your Desire to Reveal Source:	<input type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer		
The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form	(Mark "X" in ONE) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)		
Complainant Name			Telephone
Complainant Address			
Signature			Date
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:			
Organization Name:		Your Title:	